



ANNUAL TIRE SUMMARY

State Form 52716 (7-06)

Indiana Department of Environmental Management

Use of this form is required by 329 IAC 15-3-20(b) and IC 13-20-13--5

Section A. Facility Information

Name:		Registration Number:	
Mailing Address: Street	City	State	Zip Code
Facility Contact Person:		Telephone Number (include area code):	

Section B. Reporting Time Period

January 1 through December 31, 20 _____

Section C. Tire Summary Information for the Calendar Year

Number of Waste Tires (Check unit of measure used)			
Received at this Facility: _____ <input type="checkbox"/> whole waste tires <input type="checkbox"/> cubic yards <input type="checkbox"/> cubic feet <input type="checkbox"/> pounds <input type="checkbox"/> PTEs			
Number of Waste Tires Disposed of by this Facility: (Use these units: whole waste tires, cubic yards, cubic feet, pounds, PTEs)			
Number	Unit	Destination	Disposal Method
Number of Whole Waste Tires Remaining in Storage		Number of Waste Tire Pieces Remaining in Storage	
Passenger Tire Equivalents (PTEs) _____		Passenger Tire Equivalents (PTEs) _____	

Section D. Conversion Factors

			Tire Pieces			Whole Tires		
<u>Multiply</u>	<u>By</u>	<u>To obtain</u>	<u>Multiply</u>	<u>By</u>	<u>To obtain</u>	<u>Multiply</u>	<u>By</u>	<u>To obtain</u>
Pounds	0.04	PTE	Cubic feet	0.8	PTE	Cubic feet	0.25	PTE
PTE	25	Pounds	Cubic yards	21.6	PTE	Cubic yards	6.75	PTE
			PTE	1.25	Cubic feet	PTE	4	Cubic feet
			PTE	0.046	Cubic yards	PTE	0.15	Cubic yards

Section E. Certification

I certify that the information in this summary is true, accurate, and complete to the best of my knowledge.

Authorized Signature

Title

Date

Instructions

Section A-General Information

Fill out this part of the form as accurately and completely as possible, as this information is used for correspondence from the department regarding this facility. Please provide the following information requested in this section: the name of the facility, registration number of the facility, name of facility contact person, mailing address of contact person and complete telephone number (including area code) for the contact person.

Section B-Reporting Time Period

Complete with the (2) digits of the year that this reporting form covers (20__). The year is from January 1st until December 31st of the same year.

Section C-Tire Summary

Please fill in the number of waste tires received at this facility during the year specified in Section B. This report is only valid for this facility. Checking only one box, designate the unit of measure used for the number of tires received during the specified year. Next, list the number of tires disposed of by this facility using the following units: whole waste tires, cubic yards, cubic feet, and PTE (passenger tire equivalent). For each number, list the unit, the final destination and how that destination used or disposed of the tires or tire parts. The last part of this section requires that the number of whole tires and tire pieces in storage as of December 31 of the reporting year. These numbers must be converted and listed as passenger tire equivalents (PTE). There are lines for each answer.

Number	Unit	Destination	Disposal Method
250	cubic yards	Processors, City, IN	playground cover
2.4 million	pounds	Landfill, City, IN	shredding for alternative daily cover
9,600	PTE	Landfill, City, IN	shredding for alternative daily cover
1,200	tons*	Landfill, City, IN	disposal in landfill

*Do not list the unit in tons. This must be converted by multiplying the tons by 2,000.

Section D-Conversion Factors

The conversion factors in this section must be used to fill in the correct information in Section C. PTE is the abbreviation for 'passenger tire equivalent'. A whole waste tire has not been altered and is not material derived from waste wastes. Tire pieces refer to tires that have been cut into parts that are greater than two (2) inches. Do not show the 'unit' in tons. Tons must be converted to pounds. You can convert to pounds by multiplying the number of tons by 2,000.

Section E-Certification

An authorized person must sign to certify that this information provided is true, accurate and complete. Please print the name of the person authorized to certify this report directly above the authorized signature. List that person's title and the date of the signature.

PLEASE RETURN COMPLETED FORMS TO:

Indiana Department of Environmental Management
Office of Land Quality
Solid Waste Permit Section
100 North Senate Avenue
Indianapolis, IN 46204-2251